

PTO/SB/22 (08-03)

Approved for use through 7/31/2008 OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) GFN-5341RCE
In re Application of <u>Andrea Dessen, et al.</u>		
Application Number 09/250083-Conf #1678		Filed February 15, 1998
For: CRYSTAL STRUCTURE OF cPLA2 AND METHODS OF IDENTIFYING AGONISTS AND ANTAGONISTS USING SAME		
Art Unit	1631	Examiner M Moran

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.


☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☐ attorney or agent of record Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 51,619

November 24, 2003
Date

(617) 227-7400
Telephone Number


 Signature
Lisa M. DiRocco
 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-8307, on the date shown below.

Dated November 24, 2003

Signature

 (Lisa M. DiRocco)

PTO/SB17 (10-02)

Approved for use through 10/31/2002. OMB 0851-0032

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003		Complete if Known																																																																																																																																																																																					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/250083-Conf. #1676																																																																																																																																																																																				
TOTAL AMOUNT OF PAYMENT (\$) 1,190.00		Filing Date	February 15, 1999																																																																																																																																																																																				
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		First Named Inventor	Andrea Dessen																																																																																																																																																																																				
FEE CALCULATION (continued)		Examiner Name	M. Moran																																																																																																																																																																																				
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DiRocco Signature: <i>Lisa M. DiRocco</i> Registration No. (Attorney/Agent): 51,619 Telephone: (617) 227-7400 Date: November 24, 2003	
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I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9307, on the date shown below.

Dated November 24, 2003

Signature *Lisa M. DiRocco* Lisa M. DiRocco